

Unconfirmed minutes subject to confirmation at the next meeting of the Health and Wellbeing Board

At a meeting of the West Sussex Health and Wellbeing Board held on 30 April 2015.

Present:

Katie Armstrong	Alex Bailey	Amit Bhargava
Sue Braysher	Peter Catchpole	Marie Dodd
Peter Evans	Christine Field (Chairman)	
Diane Henderson	Alan Kennedy	Minesh Patel
Martin Pearson	Frances Russell	Judith Wright
Avril Wilson		

In attendance:

Katy Bourne	Margaret Whitehead
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Apologies:

Andrew Foulkes	Nigel Lynn	Christopher Snowling
Andrew Williamson		

Chairman's Welcome

82. The Chairman noted apologies from Andrew Foulkes, Nigel Lynn, Christopher Snowling and Andrew Williamson.

83. The Chairman asked that thanks and good wishes to Christopher Snowling be recorded for his support and contribution to the work of the Board since its inception.

84. The Board heard that four members were to take part in the Reaching Rio initiative and one more participant was needed.

Declaration of Interests

85. There were no declarations of interest.

Membership of the Board

86. Members noted that District and Borough representation on the Board would be confirmed following the coming local elections and that the NHSE seat on the Board would be taken by Medical Director James Thallon, to be shared with a further NHSE representative yet to be determined.

87. The Chairman sought Members agreement to an additional seat on the Board for the Chairman of the West Sussex Health Inequalities Network, Alex Bailey. Members were also asked to consider the attendance at Board meeting of two further observers with speaking rights, the Police and Crime Commissioner, Katy Bourne and the divisional commander for West Sussex, Chief Superintendent Steve Whitton.

88. Resolved that:

1. The Board will increase by one member to include the Chairman of the West Sussex Health Inequalities Network; and
2. Two additional observers with speaking rights are invited to attend formal meetings of the Board, the West Sussex, Police and Crime Commissioner and the divisional commander for Chief Superintendent Steve Whitton.

Urgent Matters

89. There were no urgent matters.

Minutes

90. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 05 February 2015 were agreed.

Joint Health and Wellbeing Strategy (JHWBS) – Discussion Paper

91. The Chairman referred members to the report by the Director Public Health and Social Care Commissioner (copy appended to the signed minutes). Members noted the overlap between the agreed outcomes of the Public Health Plan and the JHWBS. It was proposed that the two be taken forward together under the Wellbeing and Resilience workstream of the JHWBS, supported by oversight from the Chairman of the West Sussex Health and Inequalities Network.

92. Members discussed named HWB member and officer support for each priority area and the drawing-up of action plans and noted that work would be done over the next six months in liaison with members, stakeholders and partners, undertaken in an integrated way, identifying where projects were already happening and avoiding duplication. It was highlighted that there may be parallel workstreams between the Board's Early Years priority area and work underway by the Start of Life Partnership Board.

93. Members questioned the vehicle for taking forward health and social care system issues related to data sharing and information technology. The Chairman acknowledged that as the action plans were developed, direction on practicalities would emerge for the specific areas that the Board as a whole could influence.

94. Resolved that:

1. Leadership arrangements for each priority area would be developed;
2. Action plans would be drawn up in liaison with stakeholders and named priority area leads over the next six months;
3. The priorities in the Public Health Plan 2012-17 would be taken forward within the JHWBS Wellbeing and Resilience workstream; and that

4. Members would seek endorsement of the JHWBS from their respective organisations.

End of Life Care and Pathways in West Sussex

95. The Chairman introduced Stuart Gibbons, Commissioning Manager to present a report and presentation by the HWB End of Life Care (EOLC) Working Group. (Copies appended to the signed minutes) concerning the findings of the working group. Key points included:

- There was no shared and universal EOLC strategy across the county nor agreed coordination point/collation of patients' information
- Different areas had different levels of service dependent on the organisations that worked within them
- There were examples of best practice and great work across the county, but some agencies were unaware of others and signposting was piecemeal
- There was no agreement on when EOL conversations should happen and who should have these or any agreed outcomes as to what good EOLC should look like
- Feedback demonstrated that 24 hour nursing coverage either through community teams or specialist hospice at home teams was piecemeal
- There were potentially some marginalised groups who are facing more than average inequalities in care and support, such as those who are homeless, with a learning disability or had HIV related complications
- Adults' services could play a larger role, and had asked for more guidance on the issues, and they were not the only ones to do so
- GPs appeared to be asking for guidance on their role and how the pathway linked in

96. In the discussion that followed comments included:

- Confirmation that homeless people suffered much comorbidity, yet received little or no EOLC. Considered that this was a commissioning gap for West Sussex. The Police Crime Commissioner undertook to share related statistics on this issue
- That the voice of the patient needed to be heard. Felt this was summed up well in Western Sussex Hospital Trust's publication 'Planning Future Care' which said that special wishes and spiritual needs should be expressed. It was felt that this did not all need to be handed over to a specialist
- That as estimated by the Working Group, 5% of West Sussex residents had advanced care plans, although noted that 70% said they were happy to talk about the subject
- That EOLC did not just apply to cancer, nor to conditions where death could be predicted, some conditions, such as cardiopulmonary obstructive disease could be sudden and preparations for care for such patients needed to be in place
- That fantastic services existed in the county, but coordinators were needed to join them up
- That people needed to be clearly signposted to out of hours support
- A query on what the 111 service could offer

- A query on what support was in place for carers, noting its importance as they were often giving round the clock EOLC
- That the advisory [South East Coast Clinical Senate](#) championed advanced care planning and produced a guide giving excellent patient focussed material.
- That the Coastal West Sussex Clinical Commissioning Group approach was to work in close partnership with the public, hospices, community providers and the 3rd sector
- That while it often fell to GPs to work through EOLC proformas and to ask patients about their Do Not Resuscitate wishes, this can feel inappropriate and more thinking needed to be done on a better approach. Involvement of bereavement services/a community approach might be better. Noted that hospices in Sussex do do this, which was another example of a good service that people were not signposted to. This was a fundamental problem; who should have that conversation, GP, domiciliary care giver, homelessness support worker?
- Whether training could be delivered through the County Council's adults' services. Avril Wilson undertook to discuss with colleagues in relation to the current learning and development module
- That work could go forward through Proactive Care teams overseen by the HWB. Important that this be mainstream, not seen as something separate.

97. The Chairman referred members to the 10 recommendations in the presentation slides. It was noted that the development of 24hr services was being taken forward through the Better Care Fund work. It was felt that the HWB was in a good position to promote a coordinated method of EOLC planning.

98 Resolved that the Working Group will:

1. Ensure that each of the clinical commissioning groups is linked into the information on best practice of local hospices;
2. undertake further work to determine the parity/disparity between good end of life care in clinical commissioning group areas;
3. explore opportunities for delivering training on end of life care via adults' services in liaison with the Executive Director Care, Wellbeing and Education; and
4. investigate further the advanced care planning guidance offered by the Clinical Senate; and
5. report back to the Board.

Better Care Fund

99. The Board received a report by the Joint Commissioning Strategy Group (JCSG) concerning progress on the Better Care Fund (BCF) Plan. (Copy appended to the signed minutes). Members noted that a recent decision had been taken by clinical commissioning groups and the County Council Cabinet Member for Adult Social Care and Health for a Section 75 Agreement supporting a pooled budget for seven key integrated services arising from the BCF Plan. Services included were sub-acute care, rapid access and intervention services, services to support responsibilities under the Care Act, services to support

quality in care homes, proactive care, schemes to support 7 day working and dementia services.

100. The Board noted that performance indicators and high level plans to take these services forward were in place and business cases being drawn up for consideration by the JCSG. It was emphasised that the BCF plans were just part of the work going on, and that there was a strong partnership commitment to support continued transformation towards integration of the health and social care system in the county. The Chairman sought comments from members; these included:

- Concern that the voluntary sector was barely mentioned within the document, and that as much of the work was concerned with wellbeing and early intervention, it was important that the third sector be fully engaged particularly in respect of monitoring the outcomes of integrated services
- Confirmation that the Board needed to be very clear about what differences it wanted to see for West Sussex residents and that qualitative data would be as important as quantitative
- That the County Council was undertaking a piece of work to look at hospital discharge experiences which could be a useful benchmark for the HWB to revisit in 9mths or so
- That day-to-day performance measurements needed to be with the JCSG, coming back to the Board when exceptions were noted
- Considered that voluntary sector could be commissioned to engage with the public on specific aspects of services
- Noted that a great deal of work remained to be done and that the pooled arrangements extended beyond the Better Care Fund services.

101. The Chairman thanked all for their input noting the importance of the Board moving forward toward joint processes of care.

5 Communities Programme Update

102. The Chairman introduced the Chief Operating Officer, Horsham and Mid Sussex Clinical Commissioning Group (CCG) to present an update on progress with the Horsham & Mid Sussex and Crawley CCGs' 5 Communities Plan. The Plan had been drawn up to address rising demand for services within a challenging environment to improve outcomes for patients. (Copy appended to the signed minutes).

103. The Board heard how extensive engagement had been undertaken with patients on their wishes for their local services, and business cases were being drawn-up for new health and wellbeing projects. These included a new musculoskeletal service, new sub-acute 26 bed ward in Crawley, a redesign of the front of house of Crawley hospital, and the inclusion there of new paediatric services. The Board would be included in consultation programmes on the changes in due course.

104. The Board also noted the work underway in Horsham & Mid Sussex and Crawley CCGs primary care settings arising from the New Deal initiative.

Mental Health Crisis Care Concordat Action Plan

105. At its February 2015 meeting, the Board agreed in principal to sign-up to the Mental Health Crisis Care Concordat, a national agreement between services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The Board was asked for its agreement that the Joint Commissioning Strategy Group (JCSG) take forward work to develop action plans and working with partners to improve services for mental health, updating the Board on progress on a six-monthly basis.

106. The Chairman invited comments and questions. Responses included:

- Sussex had been noted as being a high user of S136 placements which was unacceptable. Noted a tangible improvement with the introduction of street triage teams
- Children were to be treated as a high priority. Noted an additional place of safety had been created at Chalkhill
- Requested that logos were added to document to illustrate all organisations who had signed up to the Concordat
- Concern that 111 and out of hours services were still not able to channel crisis issues quickly to the right place
- Noted that if places of safety were all full, children would take priority but that capacity overall had increased

107. Resolved that the Board agreed that the JCSG would monitor progress on behalf of the Board and provide six-monthly updates on progress.

Date of Next Meeting

108. The Chairman noted that Judith Wright was leaving her post at County Council and thanked her for her sincere and considerable personal support in helping to establish the Health and Wellbeing Board both in its shadow form and early years.

109. Members were alerted to the networking and lunch session to be held prior to the next formal meeting of the Board at County Hall North on 16 July where there would also be an opportunity to hear the outcome of work by the clinical commissioning groups' System Resilience Groups regarding winter pressures.

The meeting closed at 16.24